



APPLICANT'S STATEMENT OF ATTESTATION

State Form 46151 (R3 / 2-03) / FPP 0025

- INSTRUCTIONS:
1. Applicant for a license under IC 12-17.2 or IC 12-17.4 must complete this statement.
 2. Submit both white and canary copy with the application for a license.
 3. Applicant should keep pink copy.

FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
402 West Washington Street, Room W364, MS08
Indianapolis, Indiana 46204

NOTE: For child care license, send to Room W386

I, _____, affirm under the penalties of perjury that the following statements are true:
(Printed name of applicant)

1. I have not been convicted of a felony.
2. I have not been convicted of a misdemeanor relating to the health and safety of children.
3. I have not been charged with a felony during the pendency of this application.
4. I have not been charged with a misdemeanor relating to the health and safety of children during the pendency of this application.

I am submitting this attestation, pursuant to IC 12-17.2 or IC 12-17.4, for the following reason:

PURPOSE (Check One)	FACILITY OR HOME (Complete as Applicable)	LOCATION (Complete Each Item)	
<input type="checkbox"/> 1. Residential Child Care License under IC 12-17.4 Check A, B, C, or D	<input type="checkbox"/> A. Relative Home	Name of facility or home	
	<input type="checkbox"/> B. Foster Family Home		
	<input type="checkbox"/> C. Child Caring Institution	Address (number and street, rural route, etc.)	
	<input type="checkbox"/> D. Group Home		
<input type="checkbox"/> 2. Child Care License under IC 12-17.2 Check E or F	<input type="checkbox"/> E. Child Care Home	City	
	<input type="checkbox"/> F. Child Care Center		
<input type="checkbox"/> 3. Child Placing License under IC 12-17.4 Check G and/or H	<input type="checkbox"/> G. Foster Home Services	State	ZIP code
	<input type="checkbox"/> H. Adoption Services	County where facility or home is located	
Signature of applicant			
Address (number and street, rural route, city, state, ZIP code)			

CERTIFICATION

I, _____, hereby certify, under the penalties of perjury, that I am the
above-named applicant, that I have personally prepared the foregoing statement, and that the same is true to the best of my knowledge and belief.

Signature of applicant

Printed or typed name of applicant